THE MEDICAL FORTNIGHTLY

Vol. XXXV ST. LOUIS, THURSDAY, MARCH 25, 1909. No. 6

Papers for the original department must be contributed exclusively to this magazine, and should be in hand at least one month in advance. French and German articles will be translated free of charge, if accepted.

A liberal number of extra copies will be furnished authors, and reprints may be obtained at cost, if request accompanies the proof.

Engravings from photographs or pen drawings will be furnished when necessary to elucidate the text. Rejected manuscript will be returned if stamps are enclosed for this purpose.

COLLABORATORS.

ALBERT ABRAMS, M. D., San Francisco.
CHARLES W. BURR, M. D., Philadelphia.
S. GROVER BURNETT, M. D., Kansas City.
C. G. CHADDOCK, M. D., St. Louis, Mo.
ARCHIBALD CHURCH, M. D., Chicago.
ARTHUR R EDWARDS, M. D., Chicago, Ill.
FRANK R. FRY, M. D., St. Louis
RICHARD T. HEWLETT, M. D., London, England.
J. N. HALL, M. D., Denver.
HOBART A. HARE, M. D., Philadelphia.
CHARLES JEWETT, M. D., Brooklyn.
THOMAS LINN, M. D., Nice, France.
FRANKLIN H. MARTIN, M. D., Chicago.
E. E. MONTGOMERY, M. D., Philadelphia.
FRANK P. NORBURY, M. D., Jacksonville, Ill.
FERD C. VALENTINE, M. D., New York.
EDWIN WALKER, M. D., Evansville, Ind.
REYNOLD WEBB WILCOX, M. D., LL. D., New York
H. M. WHELPLEY, M. D., St. Louis.
WM. H. WILDER, M. D., Chicago, Ill.

LEADING ARTICLES

SELF-LIMITED DISEASES.*

J. ROB'T BUCHANAN, M. D.

NEVADA, MO.

WHAT does the term "self-limited" signify? Are there any diseases, strictly speaking, that are self-limited? That there are frequent individual cases of almost all diseases that would come under this classification there is no question, but this does not answer the interrogation. The enquiry is, Are there any diseases, scientifically considered, that are wholly self-limited? If the term means anything, it means that if a given disease—not a case of this disease, but any case—all cases—if left alone and no effort is put forth in any way to control, to modify or correct it, that the so-called vis medicatrix naturae will be sufficient to correct the trouble and in time to eliminate the disease from the system and to restore a normal and healthy condition of the individual. Every practitioner is familiar with these exceptional cases. Indeed they so frequently occur in connection with certain diseases that I am inclined to the opinion that this has been the chief source of the error, if error it be, in classing certain diseases as self-limited. But do we believe in the doctrine of self-limited disease. Do we believe that there is a disease, or that there are diseases scientifically classified, which subjected to the foregoing definition, are self-limited?

According to the authorities and apparently by common consent, this question in the past, and even at the present time, has been and is answered in the affirmative. But upon a closer analysis, what say you about it? Do you give your full and complete sanction to it? Understand, I am not speaking of temporary, evanescent functional derangements, but of diseases. Those scientifically classified. Those having a definite causology, a marked symptomatology, an accepted pathological condition and an approved diagnosis.

Do you believe, does your past observation and experience lead you to unqualifiedly accept this doctrine?

This term is used to apply to that class of diseases, the cause of which in the past was not well understood; but which in the light of modern research has been shown to owe their existence to a well-defined and frequently a specific cause.

The sense in which this term has been used carries with it the following meaning, viz.: A disease is self-limited when it occurs in an acute form, from a fixed or definite cause is supposed to run a definite course, reach a crisis and gradually turn into convalecsence, the course and termination of which is but little if any influenced by treatment. In the past a number of acute diseases were thus classed prominent, among them were typhoid fever, whooping cough and pneumonia. Indeed, some of our recent authorities make this classification. It has been unfortunate both for the profession and the public that such a classification has existed.

There has possibly nothing occurred during the history of the profession that has wrought such widespread mischief as the preaching of this doctrine by the high priests of the medical profession. It is the accursed doctrine of nihilism.

It has benumbed the conscience, stifled the intellect, and paralyzed the strong arm of the profession. It has substituted for that wholesome, helpful, invigorating doctrine of optimism, the blighting, withering, scorching doctrine of pessimism. Under its influence members of the profession when called upon to treat these so-called self-limited diseases have met the appealing eyes

*Read before the joint session of the Vernon County and Hodgen District Medical societies at Nevada, Mo., January 7th, 1909.

and anxious inquiries of patients or friends with the cold and heartless statement that "the authorities say that all we can do is to nurse the patient and wait for the disease to run its course and depend upon nature to effect the cure." This doctrine has prevailed for the last half century or more. It has been taught from the lecture desk. It has been impressed upon us through our text-books, and it has been reiterated through our medical journals.

It has been baneful in its effects upon the profession just in proportion to the prominence and influence of the men who have taught it. The medical profession is no exception to the general rule, that the masses are but followers. The great body of busy doctors, like the great body of other professions, trades and callings are too much inclined to turn over to the few who essay to be leaders the right and the privilege of doing their thinking for them. They are too readily disposed to accept the opinion of some self-constituted authority as final and follow blindly and submissively after his teachings. What the mass of American physicians need today, more than anything else, is self-reliance, the disposition to exercise their own God-given intellects. To cultivate their own powers of observation and reasoning. When a satisfactory and correct diagnosis of a case is made, the first thing that enlists the attention of the average practitioner, is not what does my past experience teach me, what does my observation of similar cases suggest to me? but, in the prognosis and treatment of such a case what do the authorities say? If it be one of the so-called self-limited diseases, the authorities are apt to say nature must effect a cure. Then if this be true, in the name of the shades of Galen, what use have they for a doctor? Just as well have a mangetic healer, or a Christian scientist, or any other old thing.

But this is an age of progress, and thank God for it. Year by year the restrictions of the fathers are loosening their hold upon us. We are not accepting their teachings with the blind faith that once characterized us. We are demanding a reason for their assertions. Men are calling upon their own experiences and observations more frequently to guide them and are finding that the results are at variance with the so-called authorities. The most hopeful indication of the present time is that a class of authors imbued with optimism, who have faith in the efficacy of drugs, who have the energy and will to shake from them the lethargy of the past, who are courageous enough to demonstrate the falsity of this do-nothing theory, and who have supplanted it by the doctrine of hope, of labor and of love, have arisen, and are preaching a new doctrine.

Let us look at the teachings of some American authors as regards pneumonia.

Professor Osler says: "Pneumonia is a self-limited disease and runs its course uninfluenced in anyway by medicine. It can neither be aborted or cut short by any known means at our command."

Tyson says: "A fundamental principle which experience has established is that no single plan of treatment dare be recommended for pneumonia, but that each case is a law unto itself. This is more or less true of all diseases, but it is especially so of pneumonia." Then he proceeds to lay down the rules of treatment recommending such remedies as aconite, digitalis, strychnia, alcohol, the ammonias, blood letting, calomel, etc.

Roberts, in Quain's Dictionary says: "Failing of specific remedies our object must be, as in other specific fevers, to conduct the disease to a favorable termination. If we cannot arrest its progress, we can often do very much both to maintain the strength of the patient and to modify those elements of the disease which tend to destroy life."

Anders says: "Petresco has found that large doses of digitalis administered at the onset, will jugulate the disease. His experience covered 1192 cases, and showed the surprisingly low mortality of 1.22 to 2.66 per cent. This plan of treatment is rational," etc.

Other and later authors and writers are holding with the greatest show of truth, that by careful and appropriate treatment pneumonia cannot only be conducted to a safe termination in a greatly reduced period of time, but that it can, in truth, be jugulated or aborted.

What say you, gentlemen, who have for years been in active practice in this section, where these so-called self-limited diseases prevail? Does your experience confirm the teachings of Dr. Osler? Do you believe that of all the internal medication, as well as the local applications used and indorsed from your earliest experience by the great body of American practitioners, with apparently variable benefits, have been of no avail, but have in reality been a detriment?

Do you believe that of all the sthenic cases, treated in the past by the so-called antiphlogistic methods none were saved or even benefited by the treatment? Do you believe that none of those cases were aborted, none of them were cut short or influenced in the direction of recovery?

Do you believe that of the innumerable

asthenic cases, none were benefited by the supportive, the stimulative or the antiseptic treatment received? Are you willing to subscribe to such heresy as this, simply because Dr. Osler says so? Does not your own observation and experience disprove such fallacious teaching?

We have great reason to congratulate ourselves that the profession soon ceases to be governed by such teachings. As a whole the profession is optimistic, hopeful, industrious, observing and helpful, and any man who presumes to raise the black flag of nihilism and gets in the path of its onward march will be ground to atoms by its relentless tread. Men, reputation, theory, everything but truth must give way to scientific progress, and by that I do not mean only that scientific truth that is discovered and developed in the laboratory, the dissecting-room and the hospital clinic, but also that which is being constantly demonstrated by the profession at large in their every day intercourse with their patients.

It must not be forgotten that the results obtained by this latter class of observers, while generally lacking in their classic presentation form nevertheless a valuable asset of the profession. From these observations, and through these experiences have come some of the grandest achievements of medicine.

So long as this spirit of optimism pervades the profession, so long will its members press forward in the use of such remedies as we have, and continue the search for newer and better remedies with which to combat all diseases, whether acute or chronic, constantly refusing to believe that any disease is strictly speaking self-limited.

LEPROSY.—It is well observed that never does the knowledge of the presence of leprosy in a resident of the North Atlantic Coast States become public without directing attention to the senseless, panic-fear bred by this disease among the non-medical. Philadelphia recently had such a case, and the lay press described the family of the victim "without a home and the father unable to obtain employment" as being "in a sorry plight." Only a short time ago a leper was being hunted like a wild beast in West Virginia, and the unhappy condition of a discharged United States soldier suffering from the disease has called forth much comment. A proper institution for the treatment of the afflicted and popular education as to the real nature of leprosy are indeed sorely needed.

ATONIA GASTRICA, ITS SIGNIFICANCE AND ITS THERAPY.*

A. ROSE, M. D.

NEW YORK.

THE three flat abdominal muscles, supported by the rectus abdominis perform important tasks besides those of expelling the urine from the bladder, the feces from the rectum, the fetus from the uterus; they preserve the physiological position of the abdominal viscera. By means of their crosswise fibrous arrangement they effect a narrowing of the abdominal cavity, thus preventing ptosis of viscera or entera or splanchna, immaterial which of these terms we may select, and immaterial also how we may call this ptosis: enteroptosia, or splanchnoptosia or in general, gastroptosia.

(All or several of the abdominal organs are sometimes relaxed or sunk down, and in most instances we cannot point out one especially.)

Such ptosis is conducive to many pathological conditions, such as gastric disorders of secretory as well as motoric functions, it affects the peristalsis, leads to intestinal complaints; nutrition may sooner or later be impaired, stagnation of bile can generally be traced to gastroptosia, and gastroptosia is most certainly connected in many cases with uterine troubles; in short all pelvic organs may be involved in different ways by gastroptosia. There are mechanical forces in our body which distribute the fluids. The fluctuation of these fluids, the blood or lymph in the vessels, the juice in certain spaces between and within the organs, the secretions, are partly regulated by the function of the muscles and their influence on the vasomotor nerves. The most important organ for the distribution of water is the abdomen where the fluid variations assume the largest dimensions.

The heart sets the blood in motion, the vessels distribute it, but the sanguineousness of a part of the body depends mostly on the number and extent of its capillaries. The fluid motion in the capillaries is regulated by a nervous system. Each muscle is both a pressure and a suction pump which exerts an effect upon the distribution of the blood, especially in the capillaries and upon the distribution of fluids in the tissues. Relaxed tissues absorb fluids more readily, a fact which accounts for the obstinate hemorrhages ex atonia, post partum hemorrhages and the climateric hemorrhages, which are all controlled when the tonus of the abdom-

*Paper read before the Philadelphia County Medical Society, October 14th, 1908.

inal muscles has been restored. The same applies to chronic diarrhea caused by atonia gastrica which may resist all medication and dietetic rules until the cause—the atonia—has been overcome.

The uniformly distributed pressure when an adhesive plaster belt is applied to the abdominal wall, which can be compared with the physiological effect of plaster of Paris in case of fracture or arthritis, exerts a direct influence on circulation, has a direct effect on the vasomotor nerves of the capillaries, because these vessels under irritation caused by pressure become dilated and this dilation means acceleratoin of blood circulation. The plaster is therefore a means to restore normal distribution of fluids in the abdomen. It is more than a mere support of the abdominal wall, as we have in the ordinary abdominal supporters made by the bandager. We can convince ourselves of this fact in cases of disturbances of circulation in consequence of cardiac and hepatic disorders in form of ascites, where the plaster belt is of great service, for ascites may be reduced by its support of, and specific action on, the abdominal muscles.

A case reported by Dr. Groddeck, of Baden Baden, will serve to show the effect of strapping on circulation. An elderly gentleman suffered for several years from attacks of vertigo and unconsciousness. Almost daily, sometimes hourly, and even at shorter intervals, the alarming symptoms appeared. The frequency of the pulse was 27 to 31 beats in the minute; only every second contraction of the heart caused pulsation. All the physicians who saw the case, diagnosticated, quite correctly, myocarditic affection and treated him accordingly, but without success. The enormously distended belly of the patient had not been taken into consideration until Dr. Groddeck paid attention to it. The reduction of the size of the belly, although it did not cure the diseased myocardium, was followed by cessation of the attacks of vertigo and unconsciousness. The size, weight of the belly, having been reduced, the work of the heart was materially relieved to such an extent that even the imperfect contractions were sufficient to fill the brain with the necessary quantum of blood. It is sometimes of more importance in cases of heart disease to examine the abdomen than to distinguish the fine points of the auscultatory symptoms.

I could add just as striking examples from my own practice. In applying the method of abdominal strapping in cases of heart disease you will be pleasantly surprised how promptly cough, dyspnea, cyanosis hemorrhage are relieved. In well advanced valvular affections we have to proceed with caution, as too sudden and extensive change in the fluid motion of the abdomen may lead to alarming symptoms.

The relaxation of the abdominal muscles may be the cause of manifold nervous disorders, in many cases it is the sole cause of neurasthenic or hysteric symptoms, among others of so-called nervous dyspepsia and neurasthenia, which are in some instances nothing but manifestations of atonia gastrica. That this is the case we can prove ex juvantibus. There is a connection between certain cases of dysmenorrhea and atonia gastrica, in which the dysmenorrhea will cease after the abdominal plaster belt has been applied and worn for a certain length of time.

Among the different manifestations of gastroptosia we have hyperchlorhydria. That there exists a relation between the two in many cases can also be demonstrated ex juvantibus. It is true by regulating the diet on physiological principles we give relief from symptoms, but where atonia gastrica coexists the treatment of the latter in addition to dietetical regimen will give the best, will secure permanent results.

How much such strapping can accomplish I demonstrated before a medical society soon after I had suggested the abdominal plaster belt. I presented a patient who had been suffering from severe gastric symptoms for fifteen years; was emaciated, had not had, according to his expression, a good day free from distress during all these fifteen years. He had strongly pronounced gatroptosia and hyperchlorhydria. Neither the medical treatment of hyperchlorhydria nor the application of an abdominal supporter, ordered by a colleague and made by a bandager, had given relief. I applied the plaster and, from that very day the plaster was applied, he began to improve, gained four pounds in weight during the first week, and when I presented him before the society, four weeks after the strapping, he had gained eleven pounds, and was free from all gastric symptoms. He came to me from time to time afterwards, and I heard of him also during several years that he was in perfectly healthy condition. I shall not detain you by enumerating more such cases, leaving it to you to observe in your own practice if what I claim for the effect of the belt is correct.

Abnormal forces of pressure and traction which make themselves felt in atonia gastrica have been investigated too little in regard to their pathological and nosological importance, while the forces that may be turned to account to regulate such abnormal pressure and traction have not been made use of

sufficiently in therapeutics. The enthusiasm entertained for bacterial and chemical processes has caused modern medicine to overlook to a certain extent the importance of mechanical condition. In the mechanical treatment we often have a scientific foundation which may be wanting in purely chemical treatment; the latter is indeed frequently a blind experimentation with unknown quantities. Nothing can serve better to demonstrate this to be a fact than the comparison of medicinal with mechanical treatment of chololithiasis.

It is not a rare occurrence that after an opulent meal, when the stomach is comparatively much distended, there occurs gallstone colic. By overfilling the stomach, the stone, or the bladder in which it rests, is displaced. This alone may be the cause of pathological contractions, but it is more frequently the case when after emptying the stomach the stones change their position. Their edges may easily come in contact with new places of the bladder or the ductus choledochus, which are not accustomed to the pressure of the stones, and therefore try to get rid of it. That is the reason why these colics occur so frequently at night after the stomach has been emptied. Change of position of the stones, and consequent colics occur in constipation and in gaseous distensions of the upper transverse colon or stomach. Of special interest is the occurrence of colics after parturition, or in the last month of pregnancy, when the uterus occupies a low position, in fact, cases are not infrequent, where the paroxysms occur regularly with the menses as a positive consequence of changes of pressure. Of course, the stone itself is often of no consequence, as long as it does not move about, which is proved by the frequent occurrence of the concrements as compared with the rare occurrence of colics. The change of pressure which sets the stone in motion will be overcome by means of the plaster bandage. As a matter of fact I have had occasion to observe the favorable effect of the belt on gallstone colics and my experience has convinced me that the application of the plaster belt is the most rational treatment of the gallstone colics, as long as there is no urgent indication for operation, and strapping should be the first attempt at a cure.

I could give the history in detail of cases of chololithiasis of one especially in which all the classical symptoms of gallstone colic followed by long and severe suffering, by persistent icterus and general misery which appeared from time to time, in which the patient, although urged by everybody, refused to be operated, and where complete relief was secured by the plaster belt.

This case, an elderly lady is under my observation these five years. Her health and general well-being are perfect as long as she wears the belt, which I renew about every two months, but invariably when she is without the belt for a few weeks the most distressing attacks of gallstone colic will reappear. I much prefer to have you investigate the matter, because thus far no notice has been taken of my publications of the treatment of chololithiasis by means of the plaster belt. Again and again when I read articles on the treatment of gallstone disease I am disappointed, not even being mentioned.

Two conditions are necessary for the formation of gallstones: bacterial infection and stagnation of bile. Infection alone may cause cholocystitis, but never chololithiasis if there is no stagnation. Bacteria do not thrive where there is free circulation. In gastroptosia there are disturbances of circulation of all kinds, including stasis of bile. The assumption readily suggests itself that the treatment of gastroptosia by a plaster belt may be the most rational prophylactic measure to prevent stasis of bile, and consequently the formation of gallstones.

The main cause of the weakness of the present generation, at least the prevailing gastroptosia is to be found in the prevailing disability or disinclination of mothers to nurse their children; this fact explains the existing lack of resistance and greater inclination to diseases, especially of the intestinal tract. The administration of amylaceous substitutes makes greater demands on the infantile intestinal tract than the natural mother's milk. From this lack of resistance in infancy the prevalence of perityphilitis may be explained, namely, by the prevalence of atonia gastrica in consequence of intestinal displacement acquired through improper nutrition during infancy.

In patients suffering from phymatiosis we (barbarously called tuberculosis) find, as a rule, at least in the later stages, gastroptosia, and in many instances digestion is considerably interfered with on this account; we often find reflex vomiting and reflex coughing occasioned by atonia gastrica and we secure relief from these distressing symptoms, we will improve circulation, nutrition, metabolism and general condition by means of the plaster belt.

There are different theories in regard to the etiology of mucous colic, but none of them is plausible except the atonia theory. Mucous is truly and positively one of the manifestations of atonia gastrica. Whether gastroptosia is the cause of mucous colic in

all cases, has to be decided by further observation. Thus far some writers have paid attention to the coexistence of gastroptosia in cases of mucous colic, but this is all, none of them has thought of a relation between the two. A positive fact is that the symptoms of mucous colic have disappeared, that permanent cures resulted after the abdominal plaster belt had been applied, mucous colic was relieved by means of relieving atonia gastrica.

Gastroptosia is very frequent and mucous colic is rare, but this does not exclude that mucous colic can be one of the many kinds of manifestations of gastroptosia. Gastroptosia in women does not always cause dysmenorrhea, and in men and women not always colic, nevertheless, mucous colic as well as dysmenorrhea may be caused by gastroptosia.

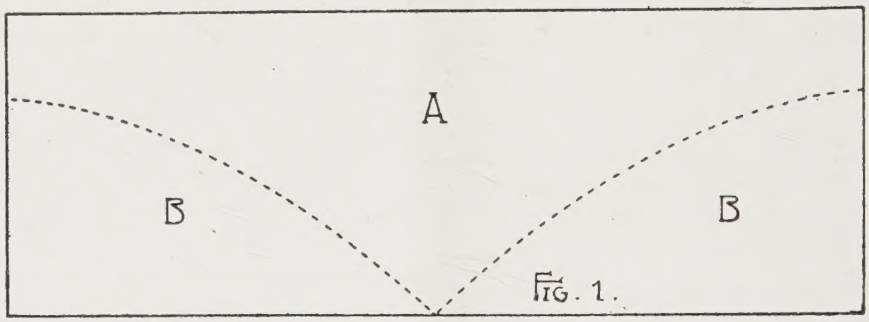

FIG. 1.

The time of the floating kidney idolatry, when nearly the whole medical clinic was thought to be connected with nephroptosia, has passed and we hear less of nephropexia than some years ago while this operation was in fashion. Nephroptosia more or less pronounced is part of gastroptosia, and in most cases requires no other treatment but adhesive plaster strapping. This method has not secured yet the popularity it merits, otherwise the valuable observations of Schmitz of Germany of its beneficial effects in most cases of chronic nephritis would have received attention.

The splashing sounds are the characteristicum of atonia gastrica. This phenomenon can be elicited in many people of ordinary good health, but notwithtsanding the ordinary good health there exists atonia gastrica to a greater or lesser extent wherever splashing sound can be produced, for in normal condition we cannot, even at the height of digestion elicit these sounds, because the stomach closes concentrically about its contents, the organ being adapted to the volume of the ingesta. This peristole exists as long as the reflectory tonus of the gastric muscles remains intact.

Different degrees of atonia can be diagnosticated by means of the splashing sound. Splashing sound, which can be elicited only during the normal period of digestion, means simply atony and may be of no nosological significance; splashing sound produced after the legitimate time of digestion has expired means motor insufficiency; or chylorrhea and splashing sound produced in the morning, after the night's fasting before liquid or food has been introduced may mean stagnation or chylorrhea. There exist few pathological symptoms which are of such great practical value as that of the splashing sound, and at the same time require so little skill to be serviceable.

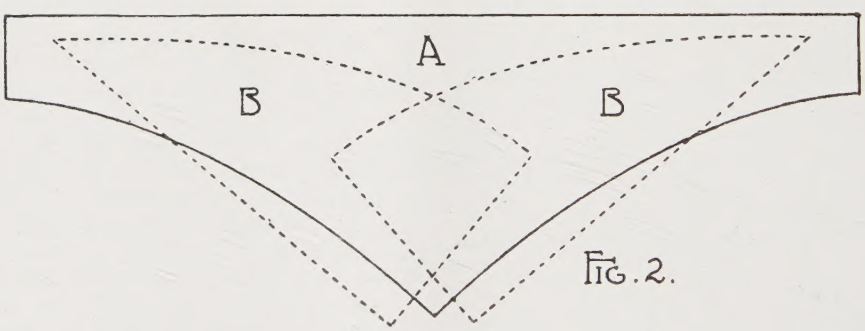

FIG. 2.

Patients suffering from gastritis in whatever form it may be, from enterrhagia, dysmenorrhea, from cardiac and pulmonary affections should be examined whether they have splashing sound and to what degree, and if atonia gastrica is well pronounced

this condition should be relieved in order to eliminate whatever symptoms are due to abdominal relaxation. One of the most important features in the treatment by means of the adhesive plaster belt is the employment of the proper type of plaster. Irritation of the skin of a most disagreeable kind results from the use of improper material, next in importance is the skillful application of the plaster. True that some patient's skin is too irritable to bear the plaster, but these are rare exceptions. Most patients speak with enthusiasm of the comfort and benefit they experience while wearing the belt, and they wear it for five weeks and sometimes much longer without renewal. Irritation of the skin be complained of when the plaster becomes loose when the occlusion of air from the skin is not complete any more. As a matter of course some experience is required to apply the belt properly and to see that it is kept on properly.*

Atonia gastrica is constitutional weakness and requires tonics in general, but first of all mechanical treatment, and the most rational treatment is the plaster strapping.

TECHNIC OF APPLICATION.

A piece of the average size of thirty-four by six inches is cut, as shown by the dotted lines in Fig. 1. The large piece A is applied as tightly as possible around the abdomen, drawing it well upward, the two ends meeting or overalpping at the spine. The plaster should not include the crest of the ilium, but should run closely along and above it. The support of the abdominal walls is made perfect by additional application of the two side pieces of the plaster BB, turned in a way as shown by Fig. 2, extending from the hypogastrium over the inguinal and iliac regions and reaching also to, and near, the spine. In applying the side pieces we may apply considerable force.

Most patients bear this plaster without complaining of irritation of the skin, even during the hot weather; a few suffer from itching, especially in warm weather, but not enough to require removal of the plaster; while a very few complain of eczema to such a degree that the plaster becomes unbearable, and has to be removed after a week or two instead of remaining on for five or six weeks, as in the majority of cases. In such instances we may protect the skin by first applying a muslin bandage of the shape and size of the middle piece A with straps around the thighs fastened behind.

One of the most important features in this treatment is the employment of the proper type of plaster. No other but rubber plaster can be employed. Among all different kinds of rubber plaster I have found Johnson & Johnson's moleskin, made expressly for the Rose belt, to give the best satisfaction. It comes in five-yard rolls of

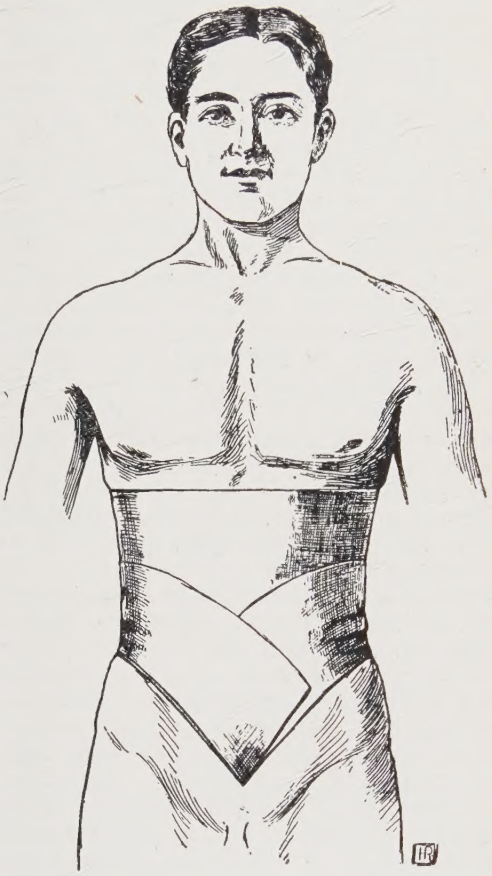

Fig. 3.

six and of twelve inches width. The latter size is selected for patients of full habit. Recently I have added extra adhesive plaster straps of two or three inches width over the crest of the ilium in order to prevent loosening of the lower margins of the belt.

*The technic of applying the belt is described in my book Atonia Gastrica. Funk & Wagnalls Co., New York, 1905.

AN APPENDIXLESS BANQUET,—Dr. John B. Deaver, surgeon of the German Hospital, Philadelphia, was the guest of honor at a dinner at the University Club in that city on February 15, the hosts of the occasion being 150 physicians upon whom he had operated for appendicitis. The grateful patients presented him with a handsome silver loving cup inscribed with their names. Dr. Henry W. Stelwagon acted as toastmaster. Several St. Louis physicians were present.

THEN—AND NOW.

WM. F. WAUGH, M. D.

CHICAGO.

When I broke into the medical profession thirty-seven years ago, the position of the physician was very different from what he occupies at present. At that time the medical profession had full confidence in the action of drugs, and the entire community was with us. Not but what most people quacked a little, but this was only a side issue; and in point of fact the whole community was ranged in our support, just as they were gathered together into the churches. The man who had no family physician was as scarce as the one then denominated an infidel. Since that time the faith of the medical profession in drugs has steadily declined, and this has kept pace with their having laid aside the use of these handy weapons. Most of the non-drug therapeutic methods were first introduced by quacks, and our laying aside drugs to adopt their weapons gave the sanction of our profession to their claims of superiority. How could the public avoid the conclusion that quackery was teaching us?

One cause of the decline of faith in drugs is to be found in the method of reasoning adopted by the recent graduate. This highly cultured product of the modern college has been so thoroughly drilled in laboratory methods, that, finding them inapplicable to the conditions presented by clinical cases, he fails to comprehend that other methods must be applied, by which the truth may fairly be approximated. In this he resembles the adept in mathematics—the absolute certainty of his conclusions leads him to undervalue all other methods of reasoning. To illustrate: Some years ago, at the meeting of the section on Pharmacology of the A. M. A., I suggested that atropine would prove a reliable hemostatic. A pharmacologist from an eastern city, where they know it all, squelched the idea conclusively by remarking, that it was impossible, since atropine raised the vascular pressure. Unfortunately for myself I have never been able to subordinate myself to the dictates of authorities. I advertised in medical journals going to one hundred thousand physicians, for reports upon the application of atropine as a hemostatic. Many such reports were sent to me, showing that the remedy had been used successfully in every form of hemorrhage to which humanity is liable, with one exception. The volume of evidence was great. However, knowing the tendency of physicians to report only favorable cases, I advertised again in journals going to one hundred thousand physicians, for cases of failure with this remedy. I received but two reports of failure, both of them in the particular form of hemorrhage on which I had had no report of success, that is in the hemorrhage occurring from ulcerative erosion of a large artery. I therefore felt justified in recommending atropine to my professional brethren, as probably the quickest and most effective hemostatic at our disposal.

Now in the more recent works on pharmacology I find it stated that the rise in vascular pressure attributed to atropine only occurs very slightly, for a brief period, not invariably, and only when small doses are given; whereas the vascular pressure is relaxed very decidedly indeed by full doses.

Another reason for the disuse of drugs is to be found in the vast number of our most enterprising young graduates, who have yielded to the lure of surgery and other mechanic specialties. Naturally, being called upon to meet mechanical conditions by mechanical remedies, their attention has been fixed on this point. Take the case of gallstone: The surgeon inevitably sees as the only indication for treatment the removal of the stone. We know, however, that gallstones only give rise to symptoms in a very small percentage of cases, since the records of hundreds of thousands of autopsies show us that a vast number of individuals carry gallstones about with them, whose existence they never suspected during life. We may ask, whether a man who has no symptoms could be considered a sick man who needs treatment? It is not the presence of the gallstone which constitutes the object of treatment, but the pain and peril suffered when the biliary passages become irritated, so that an effort at extrusion of the stone takes place. This is usually due to infective disease of the biliary passages, and if this disease be so completely removed that the patient has absolutely no symptoms whatsoever, to recall to his mind the fact that he possesses a gallstone, the case has been cured, so far as clinical considerations are concerned.

A third reason for the disuse of drugs is to be found in the misconception as to the application of the therapeutic methods comprised under the so-called physiologic medicine. Some years ago a specialist presented at the meeting of a medical society a paper upon the "Treatment of Chorea by Static Electricity." In this paper the author detailed a number of cases which under this method of treatment, recovered in from three to six months. In the discussion which followed, some of the members present

remarked that chorea rarely lasted longer than six to eight weeks under medical treatment, consequently the electric specialist had not made a very good showing. To this the latter tartly responded that the paper was not upon the treatment of chorea, but upon its treatment by electricity. This distinction unfortunately has been lost sight of. The programmes of society meetings are crowded with papers presented by just such men, taking just such a partial and personal view of their topic; and as these papers deal with matters which to the majority of practicians are novel, they have taken the entire field and forced drug therapeusis out of sight.

Last year I presented a paper to the Mississippi Valley Medical Association upon a drug, an American plant. It was the only paper on a long programme which treated of a drug remedy, and it had been, I understand, a number of years since a paper on such a topic had been presented to this society. I am afraid that whatever discussion was aroused by this paper was confined to the question as to whether it and its author were to be looked upon as relics of the paleolithic or of the neolithic period.

Nevertheless there is nothing so well worthy our study as the properties and application of drugs. It may safely be affirmed that nine-tenths of our cases can be better treated by the use of drugs than by any or all the non-drug methods. Moreover, nine-tenths of the public are unable to afford the expense of these non-drug method, just as they are unable to defray the cost of a $25-a-week trained nurse.

Possibly the principal cause for the loss of faith in drugs may have been that the old drugs were not good enough for our needs. Had they been so, we would scarcely have been willing to drop them and take up every new suggestion presented. But this is "another story." Nobody can begin the study of drugs and their action without quickly realizing that the surface of this field has scarcely been scratched. Were we asked to name a drug so common, so thoroughly well-known that it is like table salt for familiarity, we would probably mention "epsom salts." Yet within a few years a country doctor in Tennessee has disclosed to us values from its external application of which we had never so much as dreamed. It seems reasonable that we should at least exhaust the possibilities of benefit derivable from drugs before pronouncing them useless.

NONSEXUAL activity does not damage sexual power. The seminal products are reabsorbed. —Byron Robinson.

THE MEDICAL FORTNIGHTLY

Issued Tenth and Twenty-Fifth of Every Month.

Edited By
DR. THOS. A. HOPKINS

And the Following Associates:
JOHN McH. DEAN, M. D., Surgery.
ROBT. H. DAVIS, M. D., Dermatology.
W. E. FISCHER, M. D., Ophthalmology.
R. B. H. GRADWOHL, M. D., Pathology.
A. F. KOETTER, M. D., Oto-Laryngology.
O. E. LADEMANN, M. D., Internal Medicine.
W. H. VOGT, M. D., Gynecology.
O. H. BROWN, M. D., Tuberculosis.

Editorial Rooms, Suite 319-321 Century Building, St Louis.

EDITORIAL

Our United Profession.

IT is a matter for self-congratulation to the St. Louis medical profession that we are more nearly of a mind in things material than has ever been in the history of St. Louis. We have labored under the cloud of factionalism so many years that we have a reputation of being a profession that works at cross purposes, and in that respect we are the joke of the American profession. The establishment of the Joint Medical Council has served a purpose of tremendous usefulness in the process of unification; with its membership representing the various schools and dentistry it has made for harmony, it is possible today to get the real inwardness of what the medical profession wishes through the Joint Medical Council. We can wish nothing better for the local profession than that organized medicine outside the limits of St. Louis may learn that this force is operative and that it means something.

Unfortunately for the St. Louis of the present day and for the medical profession of St. Louis, the organized profession of the State and the Nation have grown to look to a little group of local men for any information they may need, and they look upon the utterances of these men as authoritative, infallible, inspired in so far as the local situation goes; yet the men who occupy this position are far from being in touch with the real St. Louis situation, they represent such a minority as would subdue less aggressive and self-assertive people. Were there no serious aspects to the local situation it would be little short of amusing the way men who are absolutely out of touch with the work of local organized medicine and have been for several years, continue to represent us in State and National issues. They seldom attend meetings of the local body; they

rarely are honored with office; they are absolutely not in touch with the desires and purposes of the St. Louis profession, yet their past position and tenacity of tenure makes it possible for them to hold the whip-hand in positions where they should be relegated to oblivion. Could some power intervene and enforce a protracted vacation a broad for considerably less than a dozen men, we are certain that such unanimity, peace and accord would exist in the local medical world as would make us famed throughout the country. We are represented by representatives who do not and for some time have not represented any one but themselves and their own selfish ambition. The St. Louis profession is singularly united at the present, but it has yet to convince the laity and the profession outside the city of the fact. Discord and bickerings are largely a figment of the minds of those who have been in power and who see that their grip on the control of matters medical is nearing its end, yet if we are to believe the lay press discord is rife and the profession is at war with itself. There is no war, neither is there discord which could not be buried in votes were it possible to leave the matter to a vote of the bodies constituting the Joint Medical Council. A vote of the whole profession would bury it still deeper.

The arrogant assumption of authority and rough riding over the wishes of those who originally placed you in power can be stood for a time, but it is a losing game in the long run. The St. Louis profession is nearer united than ever before in its history; it is united by a tremendous majority in the feeling that it is desirous of dictating its own policies and destinies; its day for doing so is near at hand.

Some Interesting Statistics.

THE problem of medical education in Missouri is a perplexing one, and one frequently discussed and commented on. The Commonwealth has some ten or twelve medical schools, all of which are now approved by the State Board of Health in its supervisory position relative to equipment and courses. In so far as we know the matter of supervision of medical colleges has been self-assumed by the board, and while we may think that it has more important duties along health and sanitation lines which should occupy its activities, we are, nevertheless, glad that definite steps have been taken to standardize medical education in the State. But all the talk about under-equipped schools has led us into what appears to be a gross misunderstanding of the real situation. The establishment of State Boards of Medical Examiners and the inauguration of strict examination of applicants for medical registration would seem, in itself, to relieve State Health Boards of responsibilities relative to school equipment, for the school which does not graduate students who can pass before examining boards will from the very fact soon cease to have students; the students do not attend schools simply for the pleasure of doing so, but rather with a purpose of passing examinations and being fitted to practice. The effort to standardize in Missouri has led to a great accentuation of the laboratory side of medical education at, we fear, the expense of practical therapy, our schools are turning out more and more pathologists, bacteriologists and surgeons, and fewer and fewer medical practitioners. The number includes many therapeutic nihilists who commence practice with little familiarity with the tools with which they are to work and little faith in their efficacy.

There is no test of the medical education imparted by our schools quite so conclusive as that displayed by the result of the graduates before the various examining boards. We have noted with interest the occasional reports from these boards as they have appeared in the Journal of the A.M.A., but the lesson to be gained from a classification of the statistics would escape most of us were not our attention called to it. We have lately seen a boiled-down edition of so much of these reports as concerns Missouri schools, and we must confess that we had expected, in view of the much talking about the Barnes Medical College and its equipment, to find that school away down in the list. As a matter of fact the graduates of the Barnes have succeeded in passing State boards in a manner which reflects great credit on their alma mater; only two schools in the State showed a lower percentage of failures during 1908. After passing the three, to whom credit would seem justly due for imparting a proper medical education, the percentage of failures increases rapidly the last on the list showing better (or worse) than 50 per cent failed.

The information on which these figures are based is readily accessible in the files of the Journal; it furnishes much food for contemplation which should be thoroughly digested by those who are tempted to be hasty and severe in their judgments.

TRANSVERSE scalp wounds require comparatively many sutures.—Amer. Jour. Surg.

Alcohol as a Medicine and as a Food.

We have offered our readers occasional comment on the employment of alcoholic liquors, both as individuals, and as physicians administering it to others, we felt rather alone in the matter until we ran on to some remarks in the February Alienist and Neurologist which show that its able editor is also studying the problem, and has caught the editors of the New York State Journal and the Maryland Medical Journal similarly occupied.

Dr. Hughes states that the New York State Journal attributes to the profession a knowledge of how little use alcohol is in the sick room, but with having failed to give the public the benefit of our knowledge.

"We have steadily diminished the amount of alcohol used in our hospital wards until it has become almost obsolete as an internal remedy; but still the public has continued to judge the medical profession's attitude toward alcohol by the copious prescribing of it in the past and by what it sees of the doctor's habits at his club. So far as the public knows alcohol is still approved by the medical profession. It is time to set the public straight in this matter; and if we have not agreed to cast it out entirely, much good would come if the public could know that it is now but comparatively little used as a medicine. The practical layman will understand the meaning of the fact when we tell him that in the last twenty-five years the medicinal use of alcohol has decreased more than 75 per cent. A remedy which is being eliminated at this rate is approaching its end."

"The tide of scientific knowledge is against the use of this poison as a beverage and in too frequent prescription. Time was even 'when drunkenness in a doctor was considered a minor fault, old doctor X had more sense when drunk than all the other doctors sober,' was a frequent comment, notes the editor of the Maryland Medical Journal. 'This is now a thing of the past.'

"It is a pathogenic agent and as such is not a fit daily beverage for any one and neither distillery nor brewery logic will ever again reinstate alcoholics as proper for table use or prescription purposes save under the most cautious limitation. It must take its place with the poisons to be prescribed with antiseptic precautions as the surgeons say. Medical banquets especially and particularly to graduating classes as the Maryland Medical Journal insists should be without alcoholics on the menu.

"Science has pronounced it, as it was pronounced by the wise men of centuries ago, a mocker. The doctor looking for nutrition in alcohol, save in most exceptional states of the system, and who does not chaperon it through the vascular system with a superabundance of real reconstructive nutrition and tissue protecting fluid, is not wise."

An easy means of holding a small scalp dressing in place consists in tying over it strands of the patient's hair.

Medical Graduates.—A. L. Benedict (Jour. A. M. A., Jan. 30) gives a statistical study of the supply of doctors in the United States, from which he figures out that with the present tendencies of the output of graduates from medical colleges and the decrease in the profession by death and otherwise, the number of physicians in the country, which was given as 132,000 by the U. S. Census of 1900, will be 154,000 and over in 1910. This, with the estimated increase in population, will give a slightly increased clientele per doctor from 572 to 594. European experience shows that one physician can easily care for 1,000 of general population, and it is scarcely possible, he thinks, that even by continuing to raise the medical standards, coalescing colleges and discouraging matriculants, the average graduation list can be so much further diminished as merely to keep the profession at its present numerical strength. Should this result be reached, however, the average clientele would be only increased about ten annually, with the expected increase of the general population, and it would be past 1940 before we reach the proportions of doctors to population deemed normal in European conditions. In other words, we are over thirty-five years in advance of the natural requirements, which means not only individual average suffering for the profession, but also a serious economic problem for the country.

1424 E. Ravenswood Park,
Chicago, Ill., March 1, 1909.

Editor Medical Fortnightly, St. Louis, Mo.

Dear Doctor:—I am collecting material for a paper upon atropine as a hemostatic, and would be obliged to any of your readers who would send me notes of their experience with this remedy. I am particularly anxious to receive adverse reports, as well as those favoring the remedy.

Thanking you for the courtesy of inserting this note, I remain

Very sincerely yours,
William F. Waugh.

THE REVIEWER'S TABLE

Books, Reprints, and Instruments for this department, should be sent to the Managing Editor, Century Building, St. Louis.

MODERN MEDICINE; Its Theory and Practice. In Original Contributions by American and Foreign Authors. Edited by William Osler, M. D., Regius Professor of Medicine in Oxford University, England, etc., assisted by Thomas McCrea, M D., Associate Professor of Medicine and Clinical Therapeutics in Johns Hopkins University, Baltimore. In seven octavo volumes; illustrated. Philadelphia and New York: Lea & Febiger, 1908. (Price per volume, cloth, $6.00 net.)

This volume on "Diseases of the Alimentary Tract is the fifth of this eminent system, and continues to bear the distinction already established by its predecessors. There are ten chapters in all, each one of them written by men well fitted for the task. Chapter one, an "Introductory Discussion on the Diseases of the Digestive Apparatus," by Chas. Stockton, is systematic, well balanced, and readily grasped by the reader. "Diseases of the Mouth and Salivary Glands," comprising chapter two, by David Riesman, is typically characteristic of the author. Clearness, accuracy and originality are conspicuous throughout. Six very fine colored plates accompany this section. John McCrea contributes an up-to-date and well written chapter on Diseases of the Esophagus. Chapters four and five discussing respectively "Functional and Organic Diseases of the Stomach," are written by Julius Friedenwald and Charles Martin. This section embodies all the features achieved by modern science. Although much space is necessarily given to theoretical discussions, on the whole theory is far subordinate, as the authors never loose sight of the fact that the book is primarily for the practical physician. The chapter on "Diseases of the Intestines" by Alfred Stengel needs no further comment, as the author's medical contributions and text-books have long proclaimed the literary merits of this eminent writer and clinician. The section on "Diseases of the Peritoneum" by Humphrey Rolleston, is not only well written, but likewise an expression of good judgment. The subjects on "Splanchnoptosis, Entroptosis and Glenard's Disease" are represented by Thomas Brown. A perusal of these pages will give the reader a clear and modern conception of these conditions. "Diseases of the Pancreas" are detailed by no less a recognized authority on this subject than Eugene Opie. The final chapter treats exhaustively "Diseases of the Liver, Gall-Bladder and Biliary Ducts." This is the largest chapter of this volume, consisting of 175 pages, and emanates from the pen of the well-known writer, A. O. J. Kelly. Throughout the entire volume editorial co-ordination is in evidence and the various contributors have ably succeeded in maintaining the high standard which the four preceding volumes are enjoying.

PRACTICAL DIETETICS WITH REFERENCE TO DIET IN DISEASE. By Alida Frances Pattee, Graduate, Boston Normal School of Household Arts, etc. Fifth edition, 12mo. Cloth. 300 pp. Mt. Vernon, N. Y.: A. F. Pattee, Publisher. (Price, $1.00 net.)

This volume has rightly been named "Practical" for it is one which presents accepted dietetic facts and instructions in a manner which makes them ready for use, and intelligent use. A reading explains the rapid exhaustion of editions and calls for new editions. There are few physicians who will not be vastly benefited by a study of its pages and it is especially suited to the needs of nurses and housewife-nurses who would prepare an intelligent diet for those whom they serve.

CLINICAL DIAGNOSIS AND TREATMENT OF DISORDERS OF THE BLADDER, WITH TECHNIQUE OF CYSTOSCOPY. By Follen Cabot, M. D., Professor Genitourinary Diseases, Post-Graduate Medical School, New York, etc. 8vo. 225 pp., 41 illustrations, 1 colored plate. New York: E. B. Treat & Co., 1909. (Prepaid $2.00)

The very rapid adoption by the profession of the cystoscope as a means to diagnosis and treatment has led to a call for a practical work on its use; Dr. Cabot has recognized the need and has in this volume made the result of his great experience with this instrument available for the instruction of those who would use it successfully and intelligently. He goes very fully into the technique of cystoscopy and ureteral catheterization, making the various steps so plain that the physician who is equipped with a proper instrument cannot fail if he has properly digested the facts contained in this volume.

CONFESSIONS OF A NEURASTHENIC. By William Taylor Marrs, M. D. Illustrated with original drawings. 12mo. pp. 115. Extra cloth. Philadelphia, Pa.: F. A. Davis Company. (Price, $1.00 net.)

We have been impressed that Dr. Marrs must be a tireless worker, his scientific writings and the practice that they represent must leave little time for any other occupation, yet here he blossoms out with a volume which, while not strictly scientific, is meant for medical readers and their entertainment. The Confessions are not especially novel, but they are cleverly narrated and make good reading.

THE ARTERIES OF THE GASTROINTESTINAL TRACT, WITH INOSCULATION CIRCLE. By Byron Robinson, B. S., M. D., Professor of Gynecology and Diseases of the Abdominal Viscera in Chicago College of Medicine and Surgery, etc. Chicago, Ill.: Chicago Medical Book Company, 1908. (Price $1.50.)

This volume presents some of the later anatomic achievements of Dr. Byron Robinson and represents an amount of original investigation that is somewhat staggering to contemplate, Though anatomic and original, brilliantly original, the book has the added characteristic of never forgetting the physi-

ologic phase of the subject, the function of the "inosculation circle" for visceral engorgement and drainage and for the prevention and cure of disease is fully developed.

The volume together with the others of the series which have appeared early should be in every anatomical and surgical library, and they should have a prominent place in schools where any pretense at thoroughness in abdominal and pelvic dissection is made.

SEVEN HUNDRED SURGICAL SUGGESTIONS. Practical Brevities in Surgical Diagnosis and Treatment. By Walter M. Brickner, S. B., M. D., Editor-in-Chief, American Journal of Surgery, etc., Eli Moschcowitz, A. B., M. D., Assistant Physician, Mount Sinai Hospital Dispensary, New York, and Harold M. Hays, M. A., M. D. Third Series. Duodecimo; 153 pages. New York: Surgery Publishing Co., 92 William St. (Price, semi-de-lux, $1.00; full library de lux, ooze leather, gold edges, $2.25.)

This volume is literally "packed full" of useful and valuable information for the general practitioner or surgeon. Written in short, terse epigramatic paragraphs it puts its hints up to the eye of the reader in a manner which makes a lasting impression. In its present and enlarged form it is a gem both to its contents and as an example of the printer's and bookbinder's art.

Any work which would call for three editions in two years, each larger and better than the previous one, is an indication of its usefulness and popularity and Seven Hundred Surgical Suggestions surpasses them all. The originality of its contents is in keeping with its elaborate and attractive mechanical make-up, and every doctor should have a copy in his library.

Dr. Milton G. Linthicum during a speech at the new Baltimore Medical College Building stated that dogs had no more place in a city than cows or pigs. The lecture has provoked much comment.

Radium Institute in Germany.—A gift of $32,500 recently made to the University of Heidelberg is to be applied to the foundation of the first radium institute in Germany. Prof. Philip Lenard has been named as director.

The president of a Chicago medicine company, H. Darwin McIlrath, has been prosecuted by the Illinois State Board of Health for practicing medicine without a license. He was found guilty and fined one hundred dollars.

Amalgamation of the Cooper Medical College with Leland Stanford University is announced. Henceforth the San Francisco institution will be designated the School of Medicine of Stanford University. The affiliation was given approval some time ago, and it only remained for the board of trustees of the University to formally accept the gift.

MEDICAL PROGRESS

Comprising the Regular Contributions of the Fortnightly Department Staff.

INTERNAL MEDICINE.

O. E. LADEMANN, M. D.

Some Remarks on Latent Malignant Disease of the Stomach.—Heinrich Stern (American Medicine, Jan., 1909) says that a certain proportion of instances of gastric cancer run a concealed, that is a latent course. Latent gastric cancers may be divided into two general groups, namely, such which do not manifest their presence by any gastric symptom, and those concurring with indefinite gastric phenomena not pointing to malignancy. The scirrhus when located in the stomach, occurs much more frequently in a latent state than any other varieties of malignant disease. Latent malignant disease of the stomach is often not recognized on account of the absence of pain. The acuteness of certain instances of malignant disease of the stomach means nothing else than the rapid disintegration of a cancerous growth, the presence of which had not heretofore been recognized. The average duration of gastric cancer is about twice as long as that of its apprehensible symptoms, and there are but very few instances of the affection, the beginning of which is synchronous with the advent of gastric phenomena.

An Unusual Seat of Angio-Neurotic Edema.—Alfred Gordon (Am. Med., Jan., 1909) reports an instance of angio-neurotic edema in an Englishman, 35 years, single, tailor by occupation free from alcoholic intoxication or specific infection and otherwise free from any organic disease, but practiced masturbation to excess. About two years ago he noticed at times, without any apparent cause his hat would not fit his head. In various places on the scalp would appear small swellings which would itch somewhat, but cause no pain. These swellings would last from a few hours to two or three days, and then disappear completely without any treatment. During a period of two years these manifestations appeared and disappeared very frequently, At first almost every two weeks and later about every five or six weeks. Hygienic measures with hydrotherapy and mental therapeutics seemed to ameliorate the condition. Sodium bromide was first given in 10 gr. doses t.i.d., later glycerophosphates.

The Relation of Bovine to Human Tuberculosis.—Moss' (Johns Hopkins Hospital Bulletin, Feb., 1909) article embraces an extensive literary resume of this important sub-

ject, from which he deducts the following conclusions: 1. The clinical cases collected, in which the circumstantial evidence points more or less strongly to human beings having been infected with tuberculosis from bovine sources, cannot be presented as furnishing absolute proof of the question, but they point so strongly to tuberculous cattle as a source of danger to man that with such evidence alone before use it would seem advisable to take strict precautions against bovine tuberculosis. 2. The economic losses among the cattle themselves, aside from any possible danger to man, are sufficiently great to demand a vigorous effort to stamp out bovine tuberculosis. 3. The evidence furnished by autopsy statistics of primary intestinal tuberculosis, reported by different observers, is very conflicting, and even if there was agreement on a high insidence, this evidence could only be taken as circumstantial, since there is abundant opportunity for primary intestinal infection to occur with tuberculous material of human origin. 4. The use of tuberculin from human and from bovine bacilli has not yet thrown much light on the question. The agglutination reaction does not serve to differentiate the two types of bacilli. 5. It seems definitely established that there are two distinct types of tubercle bacilli: the human and the bovine type, which in the majority of cases investigated have characteristics sufficiently fixed so that mutation from one type into the other does not occur. 6. The bovine type of bacillus has been demonstrated in 20 per cent of a series of 306 cases among human beings. 7. The bacillus which causes bovine tuberculosis may also cause tuberculosis in man. It must be borne in mind that every case of tuberculosis in man showing the bovine bacillus need not have received the infection directly from cattle for it is conceivable that a human having become infected from cattle may pass the infection on to other human beings. 8. The dangers from bovine tuberculosis to man are sufficiently great to warrant strict precautions against it.

Achylia Gastrica Versus Insufficientia Pylori.—Knapp's (Med. Rec., Feb. 27, 1909) remarks are intended not only to establish the existence of the disease, pyloric insufficiency, as he originally described it, but also to prove the fallacy of achylia gastrica. He says, let the reader bear in mind the extreme importance of the diagnosis of insufficientia pylori. Let the reader bear in mind that insufficientia pylori may masquerade as tuberculosis, as cancer hidden somewhere, as neurasthenia, etc. Let the reader bear in mind that the diagnosis of a fatal disease invariably leads to a fatal prognosis and that this again, most likely, to a fatal issue because of improper medication. Let the reader bear in mind that insufficientia pylori is the natural sequel of chronic pyloritis (incorrectly and commonly known as chronic gastritis). Let the reader bear in mind that, as such natural sequel, insufficientia pylori is one of the most common diseases. Let the reader bear in mind that no matter how long the patients suffered, they do get well and are completely cured under the appropriate treatment for insufficientia pylori in an almost miraculously short time. Let the reader bear in mind that achylia gastrica has been born of an insufficient conception and that there is no such thing as achylia gastrica.

Some Observations Made in Cases af Myocardial Degeneration as Regards Etiology and Diagnosis.—Clark (Medical Review of Reviews, Jan., 1909) concludes his article on this subject as follows: 1. That the heart muscle protoplasm is endowed with the power of rhythmic contraction independent of nervous mechanism, and that this rhythmic wave begins in the auricles, passes through the muscle bundle of His, and expands again over the wall of the ventricles. 2. That degeneration, or atrophy, of this muscle bundle of His is the pathologic lesion that explains the symptoms of Stokes-Adams disease; also, that degenerative changes in His' bundles is more than likely the cause for many cases of bradycardia and arrhythmia, but that it does not account for cases of tachycardia. 3. That all infectious diseases, but more especially typhoid, la grippe, diphtheria, scarlet fever, pneumonia, sepsis and rheumatic infection, have a decided tendency to produce degenerative changes in the myocardium, and this fact should be borne in mind during the convalescent periods of these diseases. 4. That the excessive use of alcoholic beverages, tea, coffee, tobacco and lead poisoning likewise are prone to produce cardiac muscle changes. 5. That patients who are continually under severe business or mental strain or worries are fit subjects for myocardial changes, and one should be on guard to recognize the first sign. 6. That we as physicians should consider it our duty to advise our patients of this fact before serious disease develops. 7. That many of the murmurs termed hemic, accidental and functional are more than probable evidence of myocardial degeneration, especially when there is other substantive evidence. 8. That dilatation follows degeneration of the heart muscle, and hypertrophy is nature's method of repair. 9. That whenever one finds a vas-

ocular stasis in any organ or tissue and there is no local cause for same, or valvular lesion in the heart, don't forget to examine patient carefully for evidence of myocardial degeneration.

THERAPEUTICS.

C. W. HEPBURN, M. D.

Measles.—In a paper contributed to Merck's Archives for December, 1908 (the first of a series on "Infectious and Contagious Diseases of Childhood"), Dr. Carroll Chase treats the subject of measles in a most exhaustive way. He feels that the average general practitioner is too apt to consider it a disease of little account, and without danger, whereas it should be watched carefully, with a view of guarding against possible serious complications. Of these, catarrhal pneumonia and acute nephritis are the most common, the latter much more so than generally supposed. The capillary bronchitis or catarrhal pneumonia, which is a complication, and a most serious one, found usually in children under three years of age, will be benefited more by belladonna than any other remedy. Most children of this age don't know how to cough effectually; that is, they can't get the bronchial secretion up; and this is one of the factors that make this ailment so dangerous. Belladonna acts by virtue of its checking this secretion. Children take a comparatively large dose without ill effect. A child three years old can take a half minim of the fluid extract of the leaves every three hours, or even oftener, and children younger proportionately large doses. If the secretion be so abundant that breathing becomes difficult, a single dose of ipecac to cause emesis will relieve, because the act of vomiting helps clear the bronchial tubes. Stimulants are often necessary, whisky being perhaps the best one. The author makes it a practice to examine the urine every second or third day while the fever persists. In his experience, albumen is found in an appreciable amount in about one-third of the cases. While the nephritis is apt to be milder than that occurring in scarlet fever occasionally a severe case is noted which requires energetic treatment. He emphasizes this point as a certain number of cases of chronic nephritis develop from this complication, which is overlooked, and goes without the treatment that would prove curative. The albumen will disappear in the majority of cases following the use of such simple remedies as sweet spirit of niter or fluid extract of corn silk, and the use of a milk diet. In the more severe forms dry cupping or the hot pack may be used. Earache, another frequent and extremely annoying complication, may be treated by the use of heat—either hot water dropped in the ear or by the use of a hot-water bag. An anodyne may also be necessary.

A Method of Treating Moles and More or Less Extensive Nevi by the Tesla Current.—Dr. Aspinwall Judd, in Post-Graduate for January, 1909, recommends the application of the Tesla current for the extirpation of selected nevi. The large and extremely vascular or deep nevi with smooth skin over them will not be favorably affected by this method, but with the flat, pigmented, hair growths, or those only moderately vascular, the results have been uniformly good. Technic.—The patient holds one electrode in the hand. The other electrode consists of a hollow glass rod, bent to any desired angle, with insulated handle through which is drawn a copper wire, projecting one-sixteenth of an inch beyond and sealed into the end of the tube. This is held far enough from the surface of the nevus to produce a heavy bombardment spark from an eighth to a quarter of an inch in length. The size of the spark is controlled by the spark gap and the amperage behind the current used. This spark is played upon the surface of the nevus for from one-and-a-half to three-and-a-half minutes. The treatment is not especially painful, and usually needs repetition about twice a week for from three to twelve treatments, depending upon the size of the spark and the size and vascularity of the nevus. The treatment converts the nevus into a dry slough, which separates at the end of from two to six weeks and leaves a smooth, somewhat reddened epithelial surface beneath. This, it may be safely assumed, will become whitened within a few months. This treatment is applicable to keloid (although in this class of cases it must be continued over a longer period of time and with a very hot spark); to localized gangrene where it is desirable to get a rapid line of demarcation; to perforating ulcers due to obliterating endarteritis, and for the reduction of enlarged tonsils, superficial epithelioma and warty growths.

Serum Diagnosis of Syphilis.—In the course of a comprehensive article on this subject (Western Med. Rev., Dec., 1908), Dr. Alfred Schalek propounds the questions: What can be said of the practical value of this method? and, is a positive reaction sufficient evidence of the presence of syphilis? And proceeds to answer that all reports from extensive experiments show that the reaction is present in about 90 per cent of

cases of evident syphilis, and is not obtained in healthy individuals and such as suffer from other diseases. The small percentage of failures, which may be due to faulty technic or to other unfavorable conditions, cannot be taken in consideration compared with the overwhelming number of positive result, and does not diminish the merits of the positive phase. In a very few cases (4 out of 3,000, Bruck), a positive reaction was found in people with no history or manifestations of syphilis. These may have been cases of latent syphilis, however, and in some of them typical evidences did indeed appear later, while in others which came to autopsy characteristic old changes were found in different organs (gummata, mesarteritis, orchitis). It must be acknowledged therefore that this method has undoubtedly a great diagnostic value, and that from a review of the subject, we are justified, at the present time, in drawing the following conclusions: (1) The positive reaction is specific for syphilis. (2) It is valuable in recognizing the presence of this disease. (3) It determines the efficiency of the treatment. (4) It permits to classify diseases the nature of which was questionable up to the present time (e.g., locomotor ataxia and paralysis). (5) It enables us to make the differential diagnosis in medical, surgical, and eye diseases which until now was difficult or even impossible.

Morphinism.—But little need be said of special methods of treating morphinism; they have all been tried and found wanting, declares Dr. O. Hensel, in Merck's Archives for December, 1908. A little patience on part of the physician, much will-power on part of the patient, and very little drugging still accomplish the most good. The rapidity of withdrawal depends upon the amount used, the will-power of the patient, and his physical condition, but should not be extended, over a week or ten days, unless there are alarming symptoms. Usually, the amount necessary to quiet him may be rapidly reduced to one-half and then tapered off more slowly. It must be stated most emphatically that there is no drug which can altogether displace morphine during treatment. The question whether another narcotic drug should be partially substituted is a mooted one. For the mild case the rule is, the less drugs the better, but when the hunger for morphine or the pain is too intense there is nothing better than dionin. In patients addicted to morphine dionin is relatively harmless, even in large doses. The author has seen some excellent results by giving two to three times the amount of dionin hypodermically in place of each injection withdrawn, so that the amount of dionin is increased as that of morphine is diminished. The patient finally takes only dionin, and this is then tapered off with relatively little inconvenience. The patient may be well on in the cure, and the best results may be anticipated, when an intercurrent attack of pain will appear and it may again be necessary to resort to small doses of morphine; if possible, however, the drug should be withheld even now, and, if the patient's condition permits, hyoscine in doses of 1-200 to 1-60 grn. be substituted. When the patient has been weaned from morphine, with or without hyoscine, and no longer takes dionin, the coal tar preparations may be taken in various combinations for the restlessness and the nerve-aching, which frequently is quite persistent. There are numerous details in the treatment of chronic morphinism which will readily suggest themselves. The heart should be watched, nutrition kept up, etc. If the usual means of treating sleeplessness are insufficient, the best drug to employ is veronal. It is more effectual in these cases than any other drug known, and in therapeutic doses is absolutely harmless.

Picric Acid in the Treatment of Burns.—Dr. R. D. Robinson, who hails from far off Mexico, contributes his experience with picric acid in burns to the January, 1909, issue of Clinical Medicine. He is treating burns every day—burns from steam, hot water, fire, and molten metal—of all degrees of severity. Years ago he tried carbolic acid, with unsatisfactory results, but now, and for more than ten years past, has used picric acid on any and all degrees of burns with uniform success. It is, he says, the treatment adapted universally by the French school of medicine, which includes all Latin America. His plan is as follows: First bathe the burn in a solution of picric acid in sterile water, 1 to 250, until the wound is clean. Then cover with gauze. Over this put a wet compress of cotton saturated in a solution of picric acid, 1 to 500 or 1 to 1000; cover this with oiled silk or paraffin paper. Renew this dressing before it gets dry. If the dressing is thick enough it will not have to be renewed for twenty-four hours. Should the tissues begin to harden under the wet dressings, change to dry dressings. As a dry dressing use 10 per cent boric acid rubbed up in finely powdered talc. Over this put gauze wrung out in sterile olive oil, to prevent the gauze from adhering to the wound cover this with dry cotton and oiled silk. The picric acid relieves the pain im

mediately, is not escharotic and not poisonous.

MEDICAL MISCELLANY

DR. CLEMENS VON PIRQUET.—of the University of Vienna, has arrived in Baltimore and will take charge of the Harriet Lane Home for Invalid Children and will occupy the chair of Pedratrics in the Johns Hopkins University.

THE President has appointed Colonel George Torney, Surgeon General of the United States army, vice Surgeon General O'Rielly, retired. During the Spanish American war Colonel Torney was in charge of the hospital ship Relief.

DR. WILLIAM S. OSLER, regius professor of the University of Oxford, will attend the dedication of the new library of the Medical and Chirurgical Faculty of Maryland, which will occur May 13, 14 and 15. Dr. S. Weir Mitchell of Philadelphia will also be a guest of the faculty on that occasion.

A NEW ANTITOXIN is stated to be discovered against pneumonia, septicemia and typhoid, by Dr. Timothy Leary, of Tufts College, the number of cases in which the vaccine has been successfully used is still too small to warrant a very optimistic statement. It is hoped to perfect a tuberculosis antitoxin in this institution by Dr. Leary and his associates.

PRIZES FOR TYPHUS FEVER.—The Mexican Academy of Medicine has offered $50,000 in prizes for the discovery of means of preventing typhus fever. Twenty thousand dollars is to go to the discoverer of a specific that will cure the disease; a like amount to the person discovering a serum that will kill the germs in the blood; and $10,000 to those who have aided the winners of the first two prizes.

NICOTINE IN TOBACCO.—A congress was recentely held in Paris to protest against the abuse of tobacco, says the "Pharmacentical Era." Explaining why the German smokes more than the Frenchman, yet poisons himself less, M. Ortolan said that the percentage of nicotine in tobacco is less when the stalks grow close together and when the leaves are numerous and placed low on the stalk; hence in Germany, where tobacco growing is unrestricted, the amount of nicotine is less than in the French tobacco, where the industry is regulated by Government and the, number of leaves to the stalks limited. French tobacco contain as much as 6 per cent of nicotine.

IT IS a coming fashion to hire a hall to entertain your friends, to be married in a church, to be taken to a hospital when you are sick, and to an undertaker's as soon as you die and left there until the funeral. The tendency is to conduct all public occasions away from the home. The home is getting a black eye.

"I'M sorry, Pat, but I cannot be your wife," said Bridget, after Pat had proposed. "Why not?" asked Pat, with a tone of sadness in his voice. "Well, Pat, I suppose I must tell you the truth—I'm a somnambulist." "A what?" "A somnambulist." "Sure, and that won't make any difference. You can go to your church and I'll go to mine."

AIDING HOMELESS NEGLECTED CHILDREN.—More than $100,000 was spent during 1908 by the Children's Aid Society of New York City in aiding homeless and neglected children. The greatest single item was for board of children in the country, which amounted to $53,546, the sum expended for clothing amounted to $13,744. During the year, 394 children were received from various sources, and on December 31, the society had in its care 1,440 children. During the year, working homes were provided for 609 destitute mothers, each with one or two children.

THE DOCTOR FIRST.—It is gratifying to have those in charge of the Emmanuel movement state with emphasis that all patients treated by the clergy will first have the care of a physician. A set of rules has been drawn up by an advisory board of physicians who believe in the Emmanuel movement, but also consider that new methods are necessary and in order. The rules are designed to avoid the earlier mistakes made by the clergy among those patients who have no family physicians. The rules have been adopted by the clergy; this at any rate is a sensible step.

FIVE-YEAR MEDICAL COURSE IN CANADA.—Canada is raising the medical standard. The five-year course of study has been adopted in Quebec Province. Henceforth in order to gain entrance to a university in that domain the applicant must possess a degree in arts from a Canadian or British University or exhibit a certificate of qualification from the medical board of the Province. The extra year will be devoted to clinical study and such laboratory and other work as appertains to this branch. Degrees obtained from McGill and Laval Universities will entitle the holders to practice.

Two village worthies were discussing a mooted pointed in grammar as to whether a hen "sits" or "sets" when she takes to her nest. "Seems to me it's a heap more important," interrupted a bystanding farmer, "whether she 'lays or 'lies' when she cackles."

Liquor and Drug Habit Disqualify.—The Philadelphia County Medical Society has drafted a bill which includes a provission barring from practice physicians addicted to the use of liquor or drugs. In cases where this fact can be proved the license is revoked. Should a cure be effected, the practitioner may be reinstated, but, for a second offense, the license is to be revoked unalterably.

A Hospital for Americans in Paris.—Press despatches report the establishment of a hospital in Paris to be devoted to the needs of American students, business men, tourists, and in fact any American who falls ill in Paris. It is a model institution, well equipped with all modern appliances, and its establishment fills a need which has long been felt by the American colony in Paris. It is situated in the suburb Neuilly.

Dangers of Bacterial Experimentation.—While experimenting with the view of obtaining an anthrax antitoxin, Professor Lukioma, of the University of Czernowitz, broke a tube containing glanders bacilli, and his wounds made by the broken glass, although cauterized, developed the disease at the end of incubation. A number of operations on the abscesses saved his life, but report says that his entire staff working with him at the time were likewise attacked, two having succumbed and four being subjected to impending death.

Sauerkraut the New Fad.—The habitual eater of sauerkraut is invariably a man of extraordinary vigor, both physical and mental. Did you ever hear of a lunatic or puny, shaking invalid who liked the incomparable viand? Did you ever hear of an athlete or a philosopher who disdained it? Of course not! Find a man with a plate of sauerkraut before him and you have found a man who thinks clearly and powerfully, loves his wife and children, fights for his country, succors the indigent, sleeps soundly and snores all night like a freeman and a patriot. Palates attuned to the transcendantal flavor of the emperor of all victuals are palates that never tremble to a lie. Eyes that sparkle as the trencher of steaming kraut comes on are eyes that look ever to the front, as the eyes of the brave man should. —Ex.

Subscribe for the Medical Fortnightly.

Harmlessness of Veronal.—A patient has been observed by the writer who took veronal for insomnia in doses of 5 to 20 grn. almost every night since the drug first appeared upon the market in Germany. He is at present sixty-two years old; the blood-pressure and urine are perfectly normal, and no changes can be detected in the heart or arteries, despite the fact that the patient leads a very active life and has heavy responsibilities.—Dr. O. Hensel, Merck's Archiv., December, 1908.

The Poison Label in Russia.—Since the Russian government enacted the law requiring the poison label to be attached to all containers of vodka (a strong alcoholic beverage) numerous cases of accidental poisoning have been reported from various parts of the Empire. There is a large population of illiterates in Russia, and with them the poison label appearing on vodka bottles has come to stand for vodka. As a result many bottles of really poisonous mixtures are being drunk by these people under the impression that any bottle bearing the poison label contains vodka. This emphasizes the danger of making the poison label too common, for while we have few illiterate adults, we have many children, and to them the poison label now means a sign of real danger. The attempt to impose the poison label upon drugs, medicines and household remedies, which have been freely and harmlessly taken for years, cannot be too severely condemned. When the poison label appears too often, and on nearly everything, children as well as adults will become careless of poison labels, because the word poison and the skull and cross-bones will lose their terror, and bottles and boxes of really poisonous drugs will be carelessly left with bottles of harmless remedies, because all are labeled alike. The dangers to the public, and to children particularly, of this confusion cannot be overestimated.—The New England Druggist.

Pruritus.—An excellent formula.

℞ Fld. ext. hamamelis ..... ℥j
Fld. ext. ergot.....
Fld. ext. hydrastis.....
Fld. benzoin comp.....aa ℥ij
Carbolated olive oil..... ℥j

M. Sig.—Inject two drachms daily into bowels. First empty the bowels with a laxative. Where prolapsed rectum exists, replace it, and wait twenty-four hours.—L. G. Doane, M.D.

THE MEDICAL FORTNIGHTLY

A Cosmopolitan Biweekly for the General Practitioner

The Medical Fortnightly is devoted to the progress of the Practice and Science of Medicine and Surgery. Its aim is to present topics of interest and importance to physicians, and to this end, in addition to a well-selected corps of Department Editors, it has secured correspondents in the leading medical centers of Europe and America. Contributions of a scentific nature, and original in character, solicited. News of Societies, and of interesting medical topics, cordially invited.

Advertising forms close on the first and fifteenth of each month. Time should be allowed to submit proof for correction. Advertising rates on application.

Remittances and business communications should be addressed to the Fortnightly Press Co.

Subscription, $2.00 a year, in advance, including postage to any part of the United States, Mexico and Canada. Postage to foreign countries in the Universal Postal Union, including Newfoundland, $1.00 a year additional. Entered at the St. Joseph postoffice as second-class matter.

Subscriptions may begin at any time; volumes end with June and December.

Contributors should understand that corrected typewritten copy is essential to clean proof and prompt publication, and is much more satisfactory than manuscript. Original articles should be as condensed as justice to the subject will allow.

Editorial offices in St. Louis and St. Joseph, where specimen copies may be obtained, and subscriptions will be received.

Contributions and books for review should be addressed to the Managing Editor, 319 and 320 Century Building, St. Louis, Mo.

CLINICAL THERAPEUTICS

A forum of original experience with new remedies, to which scientific contributions are invited.

A CONTRIBUTION ON THE TREATMENT OF SEA-SICKNESS.

G. VANDAELE, M. D.

Surgeon of the Red Star Line.

Contemporary medical literature abounds with reports on the treatment of mal-de-mer, and it would appear that most physicians consider this disease practically incurable. This is attributable in my opinion to the lack of interest of most ship-surgeons in naupathia, a benign affliction, to be sure, but a most important one, and the cause of this indifference may in all probability be found in the many failures of that multiplicity of remedies recommended for this particular disease.

In my long experience I have probably tried every one of these remedies, and have finally adopted one method of treatment, making small modifications, of course, according to the individuality of the case.

Most authorities recognize two kinds of sea-sickness: psychical naupathia and somatic naupathia, although of course a sharp line of demarcation cannot be drawn, the difference in the symptomatology being often so insignificant, that a differential diagnosis is very difficult and at times quite impossible. However, since the difference in treatment is correspondingly slight, we may in most cases assume a priori, that we have to deal with the psychical variety, and, if the well-known symptoms of sea-sickness are pronounced, when the sea is smooth and the boat rolls but little, we may be quite sure of our diagnosis.

A psychical disease requires, of course, psychical treatment in addition to other medication. Hypnotism alone has undoubtedly given complete relief in many cases of nausea navagantium, but not all naval physicians are competent to practice it and most patients would demur. Therefore, I have resorted to what is commonly called the method of indirect suggestion, and it has yielded me excellent results these many years. I shall describe even the minutiae of this treatment, because a disregard of details seems to be the most frequent cause of failure.

We are quite sure of a rapid and complete cure, when the symptoms are pronounced; incessant nausea and vomiting, severe headache and frequent fainting spells, for we are then surely dealing with a case of psychical naupathia.

As regards the choice of a remedy: we have used them all and are still experimenting, but always come back to validol, an ester of valerian and methol plus 30 per cent free menthol. A review of the very voluminous literature on this product teaches us that it raises the blood-pressure, lessens the irritation of the central nervous system and exerts a direct analgesic action on the terminal nerve filaments of the stomach.

Now as to the treatment by suggestion; during our first visit numerous questions are asked, this being supposedly necessary to arrive at a correct diagnosis. The patient is put to bed and kept in a horizontal position, decubitus on the right side perferable to relieve heart and stomach from pressure; head as low as possible, one knee bent and pillow placed against back to secure complete immobility. In order to avoid moving of head and body while vomiting a towel or cupsidor is placed near patient's mouth.

Then it may be well to ask more questions,

explaining that there are various kinds of the disease, and that it is important to make the correct diagnosis to select the proper remedy. In order to gain the patient's complete confidence we tell him of our wide experience and uniform success in the treatment of this particular disease, and that we are positive of success in his case and will prove it to him in the course of the next hour, if he follows instructions explicitly.

If per chance the patient has taken validol before and without results, we convince him that the failure was due to the size of the dose or a disregard of instructions.

We promise to come back in ten or fifteen minutes after first ostensibly examining the pulse, which is almost always rapid, weak and sometimes nearly imperceptible, but will promptly respond to validol. On our return we carefully count seven drops of validol on each of four or five lumps of sugar, mentioning casually that we cannot leave the bottle, since the remedy is a most powerful agent. We insist on the patient sucking each lump very slwoly (fifteen to twenty minutes for each lump), and in almost every case a great improvement is felt, before the third lump has been taken.

We agree to return in one hour and keep our appointment promptly, thus demonstrating to the patient our interest in his welfare. In almost every case we find conditions changed for the better; arterial tension is increased, headache, nausea and vomiting improving, and we are sure of our success, telling our patient that he will be on deck before afternoon or evening, and that he may take his first meal in two or three hours.

If during our absence the patient has vomited at all, we give him another dose of validol. However, if the results of our treatment do not come up to expectations, we order two additional doses of validol, to be taken at intervals of 25-30 minutes, and we call once more.

If the patient is much improved we encourage him to partake of some food: crackers, toast, biscuits, or even beefsteak, mutton chop, broiled chicken, in fact any dish to his liking, but he must have nothing to drink, and if he insists, we may allow him every half hour a small piece of cracked ice or a teaspoonful of champagne frappé or brandy and water. It is always well for the patient to keep perfectly quiet several hours after each meal, but an additional dose of validol will readily check any post-prandial attack of nausea.

A patient is liable to get dizzy on rising om his bed, and therefore we make it a practice to give him seven drops of validol on sugar about twenty minutes previously, and if he feels faint, he would better lay down again for ten or fifteen minutes, and then continue his toilet with as many periods of rest as possible; this is a tedious, but rather satisfactory method of dressing.

On the patient's first appearance on deck we are on hand with another dose of validol, and he is to lie in a steamer-chair, motionless and with closed eyes, and if he should become nauseated, he gets another dose of validol. For some time all his meals are served on deck, and, since we are not dealing with an organic disease of the stomach, the patient may order any dish that suits his fancy, but he must remain quiet for some time after each repast.

To quench his thirst we let him take every half hour a teaspoonful of ginger ale with 20 per cent of brandy or whiskey or small quantities of champagne, after allowing it to spend its effervescence, since the carbonic dioxid is liable to cause eructations. We prefer these light alcoholic drinks, since they maintain the increased arterial tension produced by the validol.

We keep even the convalescent patient impressed with our continued interest in his case, and as a rule he will not suffer a recurrent attack even in stormy weather.

If on our first visit we find that the patient did not sleep for two or three nights, we usually give him fifteen grains sulfonal in a little hot grog or milk, and if he be constipated we give at night and the next morning some cathartic pill or Carlsbad salt, epsom salt, citrate of magnesia, etc., the patient being kept abed of course to forestall vomiting.

Somatic naupathia is according to the generally accepted theory due to an irritation of the solar plexus, more specially the semilunar ganglia, and may exist alone, but we find it mostly n conjunction with the psychical kind, and therefore employ at first the treatment described above. However, if we do not get the expected improvement, we keep the patient in bed all the time, bandage the abdomen with a towel very tightly and put a pad of cotton in the pit of his stomach. In only exceptional cases did we not get a marked improvement under this combined treatment, and then we sometimes obtained the desired results by giving at first every half hour, then every hour a teaspoonful of:

Chloroform	gtt. v
Cocain hydrochl	gr. j
Morphin hydrochl	gr. j
Aqua dest	oz. iij